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ABSTRACT

This case is about a 6-year-old boy, Bobby, who during an apparently successful kindergarten year suddenly began to have great difficulty attending school. The boy had a definite aversion to school unless at least one of his parents was present and even then he had much trepidation over entering his kindergarten classroom. The situation had both of his parents upset which impacted adversely on Bobby. Yet Bobby stated strongly that he wanted to attend school. Bobby was observed in kindergarten with a parent present and he participated fully and seemed rather happy. Bobby had developed an intense fear of family abandonment. The case was handled through a cognitive behavior therapy orientation that involved both changing reinforcement schedules and the utilization of cognitive self-control. A treatment plan was developed and implemented in which rewards were contingent upon behavioral objectives being achieved. Two positive reinforcements were used, at first continuously, and then changing them to decreasing fixed intervals. With the behavioral work which greatly involved positive reinforcement completed successfully, a purely cognitive treatment approach was implemented. It was obvious through the way Bobby generally conducted himself in school as well as what he said that he was growing rapidly in self-efficacy. Bobby began first grade without incident. (ABL)

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Cognitive Behavior Therapy with a School Phobic Kindergartener

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Running Head: CBT WITH A SCHOOL PHOBIC YOUNGSTER

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Abstract

This case is about Bobby R, a 6-year old boy who--during an apparently successful Kindergarten year--began suddenly to have great difficulty attending school. Bobby had a definite aversion to school unless at least one of his parents were present, and even then he had much trepidation over entering his Kindergarten classroom. This situation had both of his parents extremely upset, and this of course impacted adversely on Bobby. Yet, Bobby stated strongly that he wanted to attend school. Bobby's contention was accepted easily because when later observed in Kindergarten with a parent present, he participated fully and seemed rather happy. Thus, this situation was not only uncomfortable for Bobby personally, it also caused disruption within his family and school. This case was handled through a cognitive behavior therapy (CBT) orienation that involved both changing reinforcement schedules and the utilization of cognitive self-control.

Introduction

In this particular case, Bobby R, a bright lad, suddenly regressed and developed separation anxiety when it came time to attend school; and, as such, would seem to be an ideal case for child analysis. However, time (which impacts on fiscal resources), degree of client psychopathology, and the level of the patient's intelligence are not as problematic for cognitive behavior therapy (CBT) as they are in psychoanalysis. For these reasons, CBT is often more suitable for school psychology related cases. The sudden onset and the apparent intractible nature of the problem had everyone involved, including Bobby, so upset that getting Bobby back into school as soon as possible seemed to be the best course of action; and, in an effort to accomplish this goal, CBT was chosen. Client service dates from late March until the end of the schoolyear in late June, with follow-up enquiry in September.

Case Background, Interventions and Treatment Literature

Bobby R was brought to my attention by his school principal through a telephone call in late March, while I was working at a different school. This individual--who had begun his administrative career only two weeks earlier after having spent approximately twenty years as a special education classroom teacher--was now confronted with a highly formidable problem. This principal sounded quite agitated, explaining to me that Bobby refused to attend school, the parents were present and quite upset, and they had already tried everything they could (to get Bobby back into school) but to no avail. They were now seeking my assistance in this case.

While working in a school, I generally meet with parents after gathering certain types of relevant data. However, due to the circumstances and severity of the presenting problem here, I began in a manner more typical of a clinical office case; that is, a parent conference subsequent to a phone call for an appointment. Because I was not engaged in any other pressing activities at the time, I requested the principal ask the parents if they could remain at Bobby's school to meet with me,

and they said they would. Thus, I went immediately to Bobby's school, and had my first contact with him and his parents.

Bobby's parents were eager to meet me for they sought help in this matter, and seemed rather appreciative I came promptly to see them. After being introduced to Bobby and his parents by the school principal, and then having some casual conversation with all four other individuals present, I requested to speak privately with the parents. After much coaxing and with great reluctance, Bobby accompanied the principal to an empty adjacent classroom. I listened attentively as the parents explained that except for Bobby's first two days at preschool approximately two years prior, he had easily entered school settings on his own until now.

At this parental conference it was determined that the R's lived close to Bobby's school. He was brought to school everyday by a parent, and he walked home each day after school with neighborhood children except for inclement weather days. His was an all-day Kindergarten through fourth grade school. Bobby was big for his age, and there was no indication of him being bullied either within school or in the neighborhood on his way home from the school. During our meeting, parents conjectured about what might have caused Bobby's problem. It came to light that two significant changes in routine occurred. First, unlike every other day, Bobby's mother was not in when he walked home from school one recent afternoon exactly one week prior. Mom, knowing she would be delayed, phoned a neighborhood woman, who Bobby knew well, and made arrangements with her to take care of Bobby after school. This neighbor greeted Bobby at his house, said mom would be slightly delayed getting home, and mom would come for him shortly--Bobby reportedly went with her without any difficulty. Additionally, father was home for a two week vacation, both the previous week when mom was delayed as well as the subsequent one when I first met them. Furthermore, Bobby was aware that a three day family trip to Pennsylvania was planned toward the end of father's vacation. Bobby's school refusal began immediately after the incident when mom was late getting home that afternoon. Astonishingly to me, parents had only a mild awareness of the connection between this afternoon incident and Bobby's school refusal. Perhaps it was because they felt by giving him certain assurances, his ultimate response to the late afternoon incident should not have been so strong relative to his attending school. From my point

of view, it seemed Bobby had developed an intense fear of family abandonment which he apparently thought would occur during his attendance at school. It was later revealed that mom was accompanied by both dad and younger brother on the afternoon in question! Parents were adamant Bobby must "come to his senses" through verbal exhortations which were futile and often included a tearful "we love you." At this juncture, I told Mr. and Mrs. R that reasoning alone just does not work when emotions are so strong, and fear is a very powerful emotion; but, there are effective ways to deal with this sort of problem which begin with a behavioral approach that later can positively impact upon thinking and emotions. Thus, if we can get Bobby back into class without his fears being realized, he will eventually come to know he really has nothing to be afraid of after all.

Mrs. R initially held strongly to the belief that if the specific cause of Bobby's fear of being at school without a parent present were uncovered, this alone should be able to help him overcome this problem. Mr. R did not seem to believe this, but was also baffled by Bobby's recent school related behavior. I explained to Mr. and Mrs. R that we would try to determine exactly what triggered this reaction from Bobby, although I hypothesized that it was the late afternoon incident. Furthermore, we might never know for sure; but, in any event, if we do work together to overcome it, we would most likely be successful even if we never know all that relates to the exact precipitating incident--and any other earlier contributing traumatic events. Mrs. R's conception of psychology--as is that, perhaps, of many laypersons--was quite Freudian; i.e., making unconscious material conscious was enough to be curative. I explained to the R's, on a basic theoretical plane which I believed they could understand, that we would not be using a Freudian model of treatment. Rather, we would use a cognitive behavioral one that "does not [necessarily] seek to uncover unconscious trauma of early life," but does place major emphasis on "the child's learning environment" and "the prominence of information processing and mediation in the development, maintenance, and treatment of childhood disorders such as anxiety" (Kendall & Ronan, 1990, p. 227).

In an effort to reassure Mr. and Mrs. R that this situation was not insurmountable, I explained to them that I have worked successfully with many such cases over the years. This is in keeping with Blagg's (1987/1990) model: "At all stages the therapist needs to come across as confi-

dent, helpful, and accommodating but determined that the child should return to full-time school attendance" (p. 144). I explained to Mr. and Mrs. R the difference between school phobia and school refusal: School refusal can be viewed as a form of school-age malingering, whereas with school phobia, the more serious of the two, the child is truly quite fearful of coming to or being in school. And, inasmuch as I did not yet know Bobby, I was not sure of his status. Regardless, explicated was that the prognosis looked good, based upon my experience as well as the professional literature (Blagg, 1987/1990), because the success rate for school phobia cases is best when the child is young and little time has been lost from school.

I then interviewed Bobby alone. Through our conversation he impressed me as being an obviously very bright boy. He could not, or would not, pinpoint a reason for not wanting to attend school without a parent present. He was somewhat visibly anxious, and told me he was not a baby. (He was accused of acting like a baby by his parents in an effort to get him back into school.) He also expressed apprehension about what might happen if he did not attend school on his own. To put him at ease, I assured him that I did not at all think he was a baby and he could, initially, probably be allowed to attend school with a parent present; and, when he was ready, he could attend by himself. He said somberly he would never be ready. I asked if he would like to go to his class now if one or both parents would join him, and he said no. He said he was not feeling well, and when asked what was wrong, he responded with "a serious headache."

I sent Bobby back to his parents, and asked them if they would wait briefly for me, to which they agreed. Discussion then took place between myself and the principal with the primary outcome being the principal's approval of my suggestion to allow a parent to sit in Bobby's Kindergarten classroom in an effort to get him back into school as soon as possible. (The agreement with the principal was contingent upon my being "available" should there be any "difficulty.") The principal and I then met with Bobby's parents to discuss a plan to return Bobby to his classroom.

I recommended Bobby be seen very soon by his pediatrician to rule out any medical issues (Blagg, 1987/1990), as his chief reason each morning for not wanting to come to school over the past week was a stomachache.

And, if medical illness were ruled out, I proposed the following behavioral plan be rapidly implemented. One parent accompany Bobby to class and remain there with him for one week while he attends school for only half a day. (This would work out nicely, as mom said she "would do whatever it takes to get Bobby back in school"; and, she was not presently working and had no immediate plans to do so. Also, her mother lived close by and could care for Ricky's younger brother if necessary.) "Rewards" (positive reinforcers) were discussed with Bobby's parents, who said among his truly favorite toys were inexpensive miniature cars. So it was decided that for every day Bobby went to school during the first week, he would be presented with a miniature car during dinner, along with lavish parental praise. Then, if that went well, a parent would sit in the hallway near the classroom door for the second week with Bobby still attending for half a day. For the second week, toy cars would be given to Bobby at dinnertime after the first day (Monday) and then every other day (Wednesday and Friday). Being that I thought the cars would have much less impact (reinforcing value) by week three, it was recommended that Bobby and his parents mutually agree upon a different weekend toy or activity as a "reward for the completion of a (prior) successful week of school attendance" for the next few weeks; this change would commence at the end of week two. The third week would entail Bobby's classroom presence for a half day, with a parent staying by the front door of the school building. Bobby would be allowed to "check" from time to time to ensure the presence of this parent. The fourth week would have Bobby stay in school by himself for a half day, with mom at home; but Bobby would be allowed to call her from the phone in the school office if he had a need to do so. If all went well as per this plan, Bobby would be attending all day by the fifth week but would still have access to the telephone in the school office. Moreover, I would monitor Bobby's daily behavior, and work closely with mom and the Kindergarten teacher. Finally, after week five objective was achieved, I would work once a week with Bobby on a one-to-one basis and more if needed until the schoolyear ended. (I did not want to see Bobby alone during the first five weeks of the plan because I believed he would be too anxious if mom were not present, and his anxiety level was already so high regarding school--and, I obviously was associated greatly with school.) Mr. and Mrs. R along with the school principal

agreed completely to the plan as proposed. Mr. and Mrs. R told me they wanted to begin as soon as possible, and said they would participate fully.

This plan, in behavioral terms, is a positive effort via contingency management to have Bobby attend school on a regular basis by fading out simultaneously two reinforcers (Whaley & Malott, 1971)--mother in school and toys or desired activities outside school. The rewards were contingent upon behavioral objectives being achieved. More specifically, two positive reinforcement schedules are used, at first continuously, and then changing them to decreasing fixed intervals (Whaley & Malott, 1971). Ultimately, if successful, the school non-attending behavior will be extinguished (Ayllon, Smith, & Rogers, 1970; Vaal, 1973). From a purely cognitive aspect, if Bobby attends school and finds (by processing information differently now) that his fear of abandonment or some other fear does not materialize, he can give up his irrational thoughts in this regard. Thus, as his self-efficacy increases, he will gain confidence as he comes to know that attending school need not be feared, and through this new cognitive mediation, his emotional adjustment will improve as well (Dobson & Block, 1988).

With a proposed treatment plan in place, what remained to be done was to prepare the teacher (Blagg, 1987/1990), await the results of the medical exam, review Bobby's permanent cumulative school record, discuss other relevant family background features with the parents, make a definitive differential diagnosis, and implement the plan--unless new data suggests otherwise.

It was learned that there was no medical basis for Bobby's recent stomach pains or headaches. I reviewed Bobby's school folder, and found nothing contributory to his recent problematic school behavior except for one possible highly significant item: Mr. R was not Bobby's natural father and he had legally adopted Bobby last October, according to a copy of a legal document therein; this was an issue which I discussed with Mrs. R at our subsequent meeting. Mrs. R told me she was sure Bobby was totally unaware Mr. R was not his natural father, as Mr. R and Mrs. R have resided together continuously for over four years; and, she has had no contact with Bobby's natural father since he moved to California approximately five years ago. Bobby was born 6-1/2 years ago. Bobby's

younger half-brother, M, was born three years after Bobby. For both boys, birth was normal with no complications, development in all areas was average or perhaps slightly early, and there have been no hospitalizations or noteworthy illness or injury. Parents have had good health over the years. Mrs. R is 30, and was born and grew up in the area where Bobby attends school. Mr. R, 31, is a truck driver for a local company; and, although he also was born in this area, he grew up in Pennsylvania where his parents still reside. Mr. R returned to this area for employment, and met the now Mrs. R at that time.

A preparation conference with Bobby's teacher was held where it was learned she was surprised over Bobby's sudden reversal; there were no prior problems. I advised her of the plan to re-integrate Bobby back into her class, and asked for her input regarding it. She really had nothing to add, but only wanted to know what she could do to help. My recommendations to her were that if initial or later occasional tantrums occurred she should try to ignore them; but, if they were too severe, she should ask mom to escort Bobby to the empty classroom by the school office to allow him to calm down. Also, teacher should try to make Bobby feel comfortable but otherwise treat him like the other students. Moreover, if other pupils ask about Bobby's behavior and his mother's presence, she was to tell them that Bobby has been upset lately and his mom is a temporary visitor who is there to help him. The plan was to be implemented the next Monday, in early April.

Assessment of Bobby R yields a DSM-III-R (American Psychiatric Association, 1987) differential diagnosis of:

AXIS I: "Separation anxiety disorder" (309.21), as evidenced by:

1. unrealistic and persistent worry . . . major attachment figures . . . will leave and not return,

2. persistent reluctance or refusal to go to school in order to stay with major attachment figures, and

3. complaints of physical symptoms, e.g., headaches, stomachaches . . . on many school days.

AXIS II: "No diagnosis on Axis II" (V71.09).

AXIS III: No diagnosis.

The DSM-III-R does not contain a specific "school phobia" nosological category.

Blagg (1987/1990), in an extensive review of the school phobia literature, found that early treatment work was psychoanalytically based; and, most psychodynamically oriented therapists, as do most all behavior therapists, favor an early return to school. Moreover, recent work in this area is predominantly geared toward behavioral techniques (Blagg, 1987/1990). Although both psychodynamic and behavioral treatment for school phobia can be successful, the latter usually yields a much quicker return to school (Ayllon, Smith, & Rogers, 1970; Blagg, 1977, 1987/1990; Vaal, 1973). Indeed, behavioral treatment combined with cognitive aspects appears more efficacious than behavioral methods alone as the former is more encompassing (Blagg, 1977, 1987/1990; Hughes, 1988; McReynolds, Morris, & Kratochwill, 1989; Morris & Kratochwill, 1983), with Morris and his associates favoring the addition of self-control, among other, CBT techniques for childhood fears.

Blagg (1987/1990) recommends a diagnostic/treatment approach--based upon Miller, Barrett, and Hampe's (1974) formulation--which is primarily behavioral but also involves subtle school, family, and personal issues; it is below:

> a. establishing good relationships with the child, the family and the school;
> b. clarifying the real or imagined events that have caused the anxieties;
> c. desensitising the child and if necessary the parents and teachers through a variety of techniques including discussion, humour, role rehearsal and emotive imagery; and
> d. confronting the feared situations through forced school attendance. In addition, home and school related operant factors are dealt with through advice on contingency management. In essence, the clarification element encompasses systematic problem-solving procedures whilst the other elements involve the application of a comprehensive range of behavioural techniques tailored to the needs of each particular case. (pp. 117-118)

As with most complex situations in life, our plans do not always unfold exactly as envisioned. The five week behavioral intervention part of the plan was highly successful, except that it became a seven week plan. We kept to the original format as much as possible but there were some days which contained significant setbacks. For instance, days one

and two of the first week were fine; but on the third day, Bobby refused to go to school. Father--who was able to leave work--assisted mother in taking Bobby to school that morning instead of mother alone, as was the situation the two earlier days. Bobby got out of the family stationwagon, but would not enter the school building; and, he was visibly tense and shaking. Mr. R, a huge man, was obviously quite frustrated; yet, in an effort to get Bobby into school, he was gentle and soft spoken. Nevertheless, Bobby would not enter the building. I noticed that younger brother M was also present, and knew M stayed with grandmother days one and two. Mom said she was going to come to school with younger brother this third day and Bobby knew this. I did not know what the connection was between Bobby coming to school and the younger brother's presence--perhaps sibling rivalry or embarrassment. In any event, because Bobby was so anxious this day, I told the parents to take him home (even though he would not enter school) and try again tomorrow. However, I suggested that M not be taken to school during week one when a parent was to sit in the classroom. The next day was without incident. There were a few other setbacks, although none so intense as day three. Mom was able to take along M without any problem by the time she was positioned at the school building door (original week three). The two days when she brought along M and sat outside the classroom door (original week two) there were problems. Thus, there was a connection between Bobby attending and the brother's presence with mom near Bobby's classroom; the exact reason for this was really never determined, but Bobby definitely regressed in this situation. By the middle of May, Bobby's school attending behavior was the same as before the problem first began in March: Perfect attendance without a parent near the school.

During the second half of May, I began to meet with Bobby at least twice weekly. Even though the original plan had called for me to see him once a week and as needed, with the schoolyear's end rapidly approaching, I deemed it necessary to see him more often. I now not only wanted to work with Bobby more intensively than originally planned to ensure continued success for the balance of the schoolyear, but to provide the additional sessions in an effort to help him to be on track from day one for the following schoolyear.

With the behavioral work (greatly involving positive reinforcement) now having been completed successfully, I implemented immediately a treatment approach which was purely cognitive in nature. According to Morris and Kratochwill (1983), "Two of the most promising methods of fear reduction involve the use of positive reinforcement and self-control" (p. 80); moreover, "self-control" is a "cognitive behavior therapy" that "actually encompasses numerous intervention methods" which "focus on helping individuals develop specific thinking skills and apply these skills whenever they are confronted with a particular feared simulus, event, or object" (p. 78). My cognitive approach focused primarily on self-control through cognitive restructuring and "comforting self-talk" (Morris & Kratochwill, 1983; Peterson & Shigetomi, 1981) modalities. Similarly, for impulsive school behavior, recommended are getting "children to talk to themselves" (Meichenbaum & Goodman, 1971), "self-control therapy" (Kendall & Braswell, 1982), and "cognitive self-instruction" (Manning, 1990), while Meichenbaum (1977) has been using "coping self-statements" in general with clinical success.

Bobby had begun to believe that his parents would still be there for him after school; also, through our sessions, Bobby had learned to use as a coping technique comforting self-talk to deal with any anxiety that might occur regarding this during school hours. (No other serious phobia was brought to light. And, although adoption was deliberately never discussed by me with Bobby, I suspect that with Bobby being so bright a young child he might have overheard some talk of this at home and developed some distorted thoughts about it; this could have impacted upon Bobby's recent school problem. The issue of adoption is a serious one that will in all probability emerge in the future and require careful handling.) Bobby had grown more and more comfortable during his last three months in Kindergarten; and, as a result, the significant adults in his life became less tense.

Conclusion

It was obvious through the way Bobby generally conducted himself in school as well as what he said that he was growing rapidly in self-efficacy. Enhancing self-efficacy "involves helping the client distin-

guish between the past and present once progress has been made. The past may serve as an anchor against which to measure clients' progress" (Lehman & Salovey, 1990, p. 251). Near the very end of the schoolyear, when I reminded Bobby of our first meeting where he told me he would never be ready to attend school without a parent present, he laughed joyously and said, "I'm not a baby anymore." At the close of the academic year, I could not know if Bobby would start first grade without any remnants of the problem that was so debilitating to him; but, I was absolutely sure, if the problem re-emerged, it would not be as severe.

By the end of the academic year, Bobby could again walk home from school without a parent. At that time, he verbalized to me he was still slightly anxious when at school away from his parents. Yet, during our late June conversations and classroom observations, Bobby appeared relaxed and participated fully plus appropriately with peers and teacher, who also reported the same.

Because of Bobby's apparent residual anxiety and his parents' fear of possible regression by Bobby over the summer, Mrs. R asked me in late June if I thought taking Bobby for therapy over the summer would be helpful. I told her I thought it would be beneficial under the circumstances, and she said they would therefore be seeing someone in a nearby municipality who was recommended by Bobby's pediatrician. A September "follow-up call" revealed that Bobby began first grade without incident and he no longer seems anxious over separation from parnets.

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